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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *me A*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *me A*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged Examiner's Signature <i>Thomas H. Close</i> Initials <i>THC</i>	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

Measuring absolute static pressure at one or more positions along a microfluidic device

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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